



APPLICATION FOR VARIANCE

State Form 44400 (R6 / 6-12)

Approved by State Board of Accounts, 2012

INDIANA DEPARTMENT OF HOMELAND SECURITY
CODE SERVICES SECTION
302 West Washington Street, Room W246
Indianapolis, IN 46204-2739
http://www.in.gov/dhs/fire/ip_bs_comm_code/



INSTRUCTION: Please refer to the attached four (4) page Instructions.
Attach additional pages as needed to complete this application.

Variance number (Assigned by department)

15-01-01

1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner)

Name of the applicant: Barbara Magerl Title: Executive Director
Name of organization: Chicagoland Christian Village Telephone number: (219) 662-0642
Address (number and street, city, state, and ZIP code): 6685 E 117th Ave Crown Point

2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by the applicant)

Name of person on behalf of the applicant: Aaron Roberts Title: Maintenance
Name of organization: Chicagoland Christian Village Telephone number: (219) 662-0642
Address (number and street, city, state, and ZIP code): 6685 E 117th Ave Crown Point

3. DESIGN PROFESSIONAL OF RECORD (If applicable)

Name of design professional: / License number: /
Name of organization: / Telephone number: ()
Address (number and street, city, state, and ZIP code): /

4. PROJECT IDENTIFICATION

Name of project: Chicagoland Christian Village removal of Fire Hoses in Cabinets State project number: / County: /
Site address (number and street, city, state, and ZIP code): 6685 E 117th Ave Crown Point
Type of project: ☐ New ☐ Addition ☐ Alteration ☐ Change of occupancy ☐ Existing

5. REQUIRED ADDITIONAL INFORMATION

The following required information has been included with this application (check as applicable):

- ☒ A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions)
☒ One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives.
☐ Written documentation showing that the local fire official has received a copy of the variance application.
☐ Written documentation showing that the local building official has received a copy of the variance application.

6. VIOLATION INFORMATION

Has the Plan Review Section of the Division of Fire & Building Safety issued a Correction Order?

☐ Yes (if yes, attach a copy of the Correction Order) ☒ No

Has a violation been issued? ☐ Yes (if yes, attach a copy of the Violation and answer the following) ☒ No

Violation issued by: ☐ Local Building Department ☐ State Fire and Building Code Enforcement Section
☐ Local Fire Department

7. DESCRIPTION OF REQUESTED VARIANCE

Name of code or standard and edition involved

Specific code section

Fire Code 905.31

Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary)

I would like to file a variance to have ~~more~~ ~~to~~ The fire hose removed from the Box as attached letter recommend By Local Fire Dept.

8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED

Select one of the following statements:

- ☒ Non-compliance with the rule will not be adverse to the public health, safety or welfare; or
- ☐ Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (be specific).

Facts demonstrating that the above selected statement is true:

The fire hoses have been taken out of Building at least 4 years ago by Lakes of the 4-seasons Fire. Tom Stephens notified me that we needed to file a Variance with the state. I would like Approval From the state also per Tom Stephens

9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE

Select at least one of the following statements:

- ☐ Imposition of the rule would result in an undue hardship (unusual difficulty) because of physical limitations of the construction site or its utility services.
- ☐ Imposition of the rule would result in an undue hardship (unusual difficulty) because of major operational problems in the use of the building or structure.
- ☒ Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements.
- ☐ Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.

Facts demonstrating that the above selected statement is true:

10. STATEMENT OF ACCURACY

I hereby certify under penalty of perjury that the information contained in this application is accurate.

Signature of applicant or person submitting application

Please print name

Date of signature (month, day, year)

Barbara Magell

BARBARA MAGELL

10-27-14

Signature of design professional (if applicable)

Please print name

Date of signature (month, day, year)

11. STATEMENT OF AWARENESS (If the application is submitted on the applicant's behalf, the applicant must sign the following statement)

I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.

Signature of applicant

Please print name

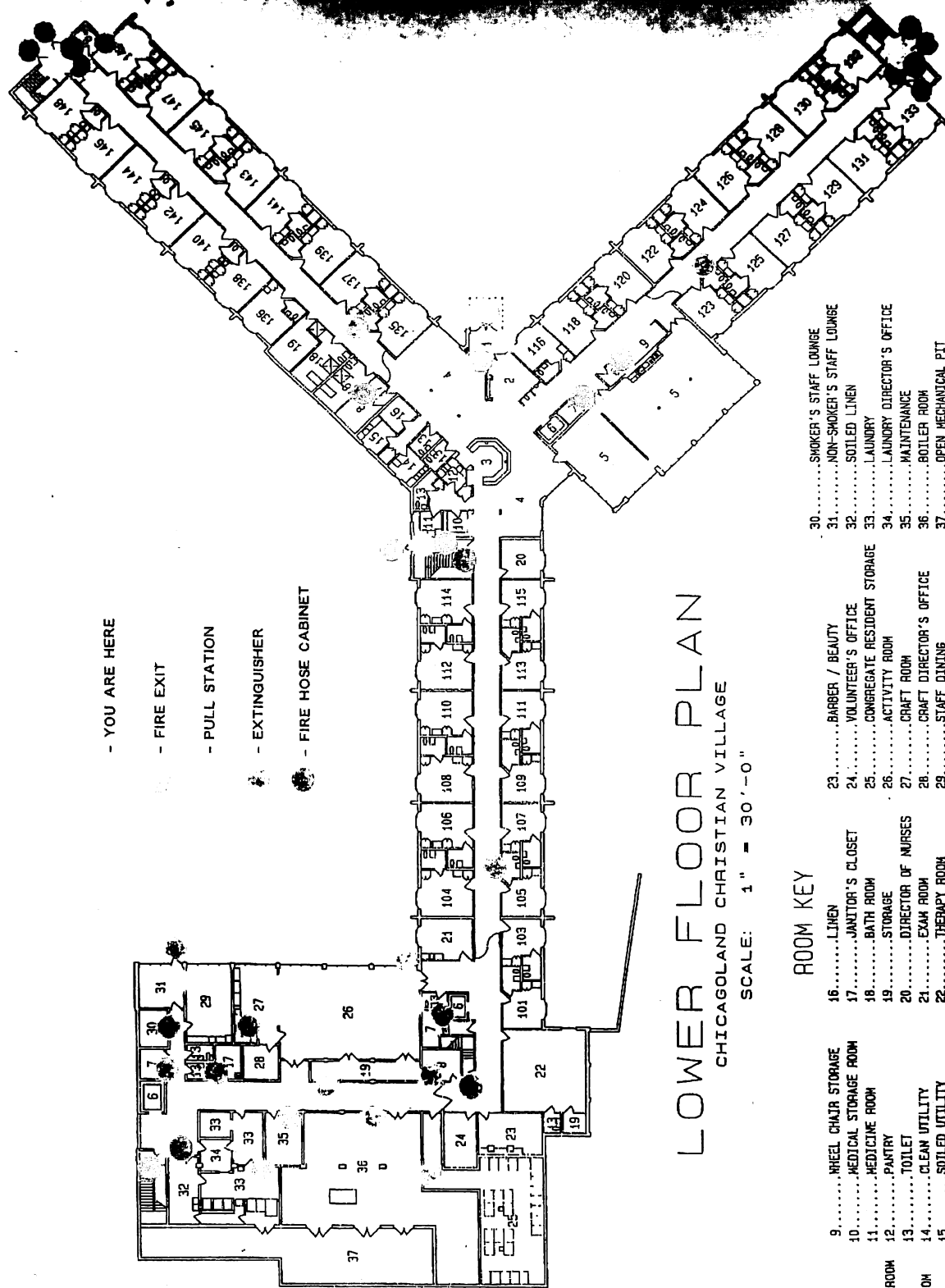
Date of signature (month, day, year)

Aaron Roberts

Aaron Roberts

10-21-2014

ROOM KEY



- YOU ARE HERE

- FIRE EXIT

- PULL STATION

- EXTINGUISHER

- FIRE HOSE CABINET

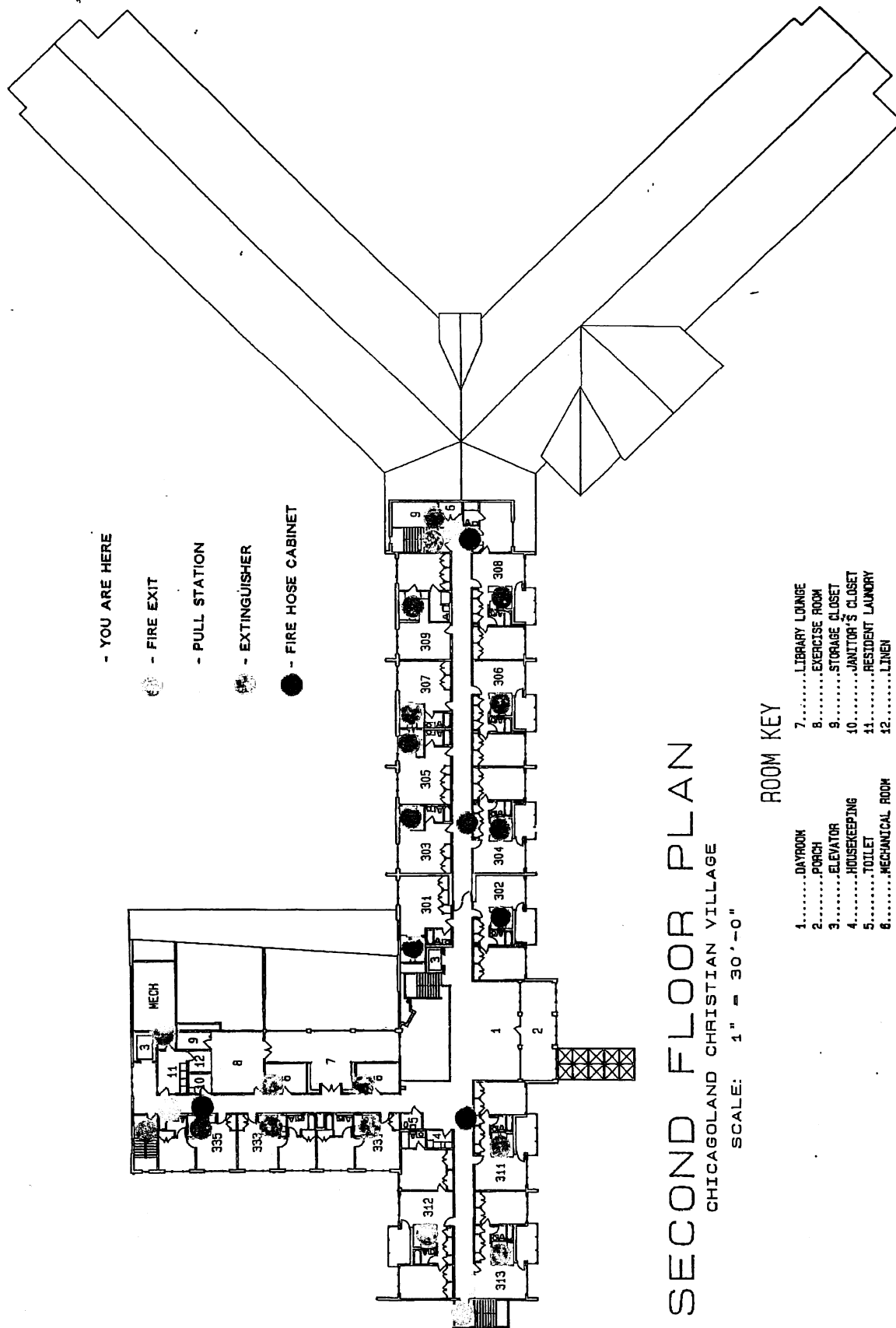
LOWER FLOOR PLAN

CHICAGOLAND CHRISTIAN VILLAGE

SCALE: 1" = 30'-0"

ROOM KEY

- | | | |
|-------------------------------|------------------------------------|----------------------------------|
| 1.....HEALTH CARE ENTRY | 23.....BARBER / BEAUTY | 30.....SMOKER'S STAFF LOUNGE |
| 2.....LOBBY | 24.....VOLUNTEER'S OFFICE | 31.....NON-SMOKER'S STAFF LOUNGE |
| 3.....NURSE'S STATION | 25.....CONGREGATE RESIDENT STORAGE | 32.....SOILED LINEN |
| 4.....DAYROOM | 26.....ACTIVITY ROOM | 33.....LAUNDRY |
| 5.....HEALTH CARE DINING ROOM | 27.....CRAFT ROOM | 34.....LAUNDRY DIRECTOR'S OFFICE |
| 6.....ELEVATOR | 28.....CRAFT DIRECTOR'S OFFICE | 35.....MAINTENANCE |
| 7.....ELEVATOR MACHINE ROOM | 29.....STAFF DINING | 36.....BOILER ROOM |
| 8.....MECHANICAL ROOM | | 37.....OPEN MECHANICAL PIT |
| 9.....WHEEL CHAIR STORAGE | | |
| 10.....MEDICAL STORAGE ROOM | | |
| 11.....MEDICINE ROOM | | |
| 12.....PANTRY | | |
| 13.....TOILET | | |
| 14.....CLEAN UTILITY | | |
| 15.....SOILED UTILITY | | |
| 16.....LINEN | | |
| 17.....JANITOR'S CLOSET | | |
| 18.....BATH ROOM | | |
| 19.....STORAGE | | |
| 20.....DIRECTOR OF NURSES | | |
| 21.....EXAM ROOM | | |
| 22.....THERAPY ROOM | | |



SECOND FLOOR PLAN

CHICAGOLAND CHRISTIAN VILLAGE

SCALE: 1" = 30'-0"

ROOM KEY